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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 049000002		CITY OR TOWN HAN	COCK
APPLICATION FOR	RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	BOSTON CULI	NARY GROUP INC.		
DOING BUSINESS	A CHRISTIANS	EN'S TAVERN		
ADDRESS COREY	RD.			
CITY/TOWN: HAN	ICOCK	STATE: MA	ZIP CODE: 012	37
MANAGER: BRODE.	NSON, JAMES T	YPE OF LICENSE: Res	taurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUF	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREM	MISES:		
KITCHEN. 24 STO	OL BAR, TWO E ES PARKING LO	XITS TO KITCHEN EN OT, BACK FACES COM	ED DECK SEATING AP: MPLOYEE USE, ONE EX MMON WALK WAY. AI	KIT TO DECK,
I hereby certify and s	wear under penalt	ies of perjury that:		
1. the renewe	ed license will be	of the same type for the	same premises now license	ed;
2. the license	e has complied w	ith all laws of the Comn	nonwealth relating to taxes	; and
3. the premis	ses are now open f	or business (If not expla	in below)	
SIGNED BY	Individual, Partı	ner or Authorized Corpo	rate Officer	
DATE:	TELEPHO	ONE NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Acts of 2004, signed	by the building	inspector and the head	e certificate required by 0 l of the fire department f rance required by Chapt	or the above
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ın)			
			-	
DATE:				
DAIE.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049000	003	CITY OR TOWN	HANCOCK
APPLICATION FOR RENEV	VAL: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: BOSTO	N Culinary Group, Inc		
DOING BUSINESS A CRAN	IE LODGE		
ADDRESS CORY ROAD			
CITY/TOWN: HANCOCK	STATE: M	A ZIP CODE:	01237
MANAGER: Bronson, James	es E. TYPE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	O VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENSE SEATING CAPACITY OF 50 SERVICE BAR, 4 EXITS, ON KITCHEN FOR EMPLOYEE EMPLOYEE USE ONLY	00, INCLUDING PATIO , 4 S NE KITCHEN, SERVICE CA	AFETERIA,1 EXIT BSN	MT LEVEL TO
2. the licensee has con	e will be of the same type for the mplied with all laws of the Color open for business (If not expected the color open for business).	ommonwealth relating to	
SIGNED BY Individ	ual, Partner or Authorized Co	rporate Officer	
DATE: T	ELEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest to Acts of 2004, signed by the lenamed license and (2) the ce of 2010.	ouilding inspector and the h	ead of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049000006		CITY OR TOWN HANCOCK
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BOSTON CULINA	RY GROUP INC.	
DOING BUSINESS A JOHN HARVARD	S RESTAURANT &	& BREWERY
ADDRESS JIMINY PEAK AND COREY	ROAD	
CITY/TOWN: HANCOCK	STATE: MA	ZIP CODE: 01237
MANAGER: BRONSON, JAMES TYPI E.	E OF LICENSE: Innh	older CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION OF LICENSED PREMISI	ES:	
SEATING CAPACITY OF ABOUT 160, STOOL BAR, ONE EXIT TO SECOND F PARKING LOT AND ONE FROM KITCH	LOOR EMPLOYEE	
I hereby certify and swear under penalties of	of perjury that:	
1. the renewed license will be of the	• •	•
2. the licensee has complied with a		_
3. the premises are now open for b	ousiness (If not explai	in below)
SIGNED BY Individual. Partner of	or Authorized Corpor	rate Officer
21102.1104111, 2 4104102	51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TELEI HONE	TIONIDEIC.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building insp	pector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(п общриотей скриши)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	₹: 049000010		CITY OR TOWN	HANCOCK
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	POWDER HOUN	DS, INC.		
DOING BUSINESS	A POWDER HOU	NDS		
ADDRESS 137 BRO	ODIE MT. ROAD			
CITY/TOWN: HAT	NCOCK	STATE: MA	ZIP CODE:	01237
MANAGER: KRU	EGER, LISA K.TY	PE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF				
ADDING 12 X20 FO DINING ROOM AR		'IONAL THIRTY PI	LUS ADD- ITIONAL	SEATS IN THE
I hereby certify and s	swear under penaltie	s of perjury that:		
1. the renew	ed license will be of	the same type for th	e same premises now	licensed;
2. the licens	ee has complied with	h all laws of the Com	monwealth relating to	taxes; and
3. the premi	ses are now open for	r business (If not exp	lain below)	
SIGNED BY	Individual. Partne	r or Authorized Corp	oorate Officer	
	,			
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
	12211101	, Z I (CIVIZZI W	(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, signed	d by the building in	spector and the hea	nd of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	1111)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	1:049000013		CITY OR TOWN	HANCOCK	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	EMMANUEL KA	ATRITSIS			
DOING BUSINESS	A ANNA'S PIZZA	RESTAURANT			
ADDRESS 175 LEB	ANON MOUNTA	IN ROAD			
CITY/TOWN: HAN	NCOCK	STATE: MA	ZIP CODE:	02137	
MANAGER:	TY	PE OF LICENSE: R	destaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF I		WEBSITE AND ENTER YOUR ISES:	EMAIL ADDRESS		
2. the license	ed license will be or ee has complied wit	f the same type for the	ne same premises now nmonwealth relating to plain below)		
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: NOT Ind	IDENTIFICAT	
Acts of 2004, signed	by the building in	nspector and the he	the certificate require ad of the fire departs surance required by	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 049000014		CITY OR TOWN HANCE	OCK
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	ME: NO BETTYS,I			
ADDRESS 37 (COREY ROAD			
CITY/TOWN:	HANCOCK	STATE: MA	ZIP CODE: 01237	
	MASONE, THOMAS J.	TYPE OF LICENSE: Pa	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	MISES:		
	premises are now open	with all laws of the Com for business (If not exp there or Authorized Corp		nd
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 049000015		CITY OR TOWN HA	NCOCK
APPLICATION FOR	RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS		ARY GROUP INC.		
ADDRESS 00037A	COREY ROAD			
CITY/TOWN: HAN	COCK	STATE: MA	ZIP CODE: 01	237
MANAGER: BRODE.	NSON, JAMES TYP	PE OF LICENSE: Res	taurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:				
Ī	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	SES:		
2. the license	ed license will be of the has complied with es are now open for	the same type for the		
DATE:	TELEPHON	E NUMBER:		VTIFICATION NUMBER:
Acts of 2004, signed	by the building ins	spector and the head	e certificate required by of the fire department rance required by Chap	for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING By:	AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 049000016		CITY	OR TOWN	HANCOCI	K
APPLICATION FO	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	HANCOCK SHAR	KER VILLAGE I	NC.			
DOING BUSINESS	A					
ADDRESS ROUTE	20					
CITY/TOWN: HA	NCOCK	STATE: N	MA ZII	CODE:	01237	
MANAGER: MAI	RKS, LAURA TYI	PE OF LICENSE	E:General on premise	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W		OUR EMAIL ADDR	ESS		
DESCRIPTION OF	LICENSED PREMIS	SES:				
•	swear under penalties					
	ved license will be of	* *	-			
	see has complied with			•	to taxes; and	
3. the premi	ises are now open for	business (If not	explain belov	w)		
SIGNED BY	Individual, Partner	· or Authorized C	Corporate Off	icer		
DATE:	TELEPHON	IE NUMBER:	1)			TION NUMBER: Security Number)
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	spector and the	head of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: [(If disapproved explain	 ain)					
DATE.						
DATE:			-			
APPLICATION FOR RENEV	WAL MUST BE FILED BY L	ICENSEES DURING T	THE MONTH OF	NOVEMBER (N	M.G.L. Ch. 138 \$ 10	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 049000017		CI	TY OR TO	WN HANCOC	K
APPLICATION FO	R RENEWAL:	Annı	ıal	LIC	CENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 177 LEI	S A LIBERTY PAG	CKAGE STORE				
CITY/TOWN: HA		STATE:	MA	ZIP CODE	E: 01237	
MANAGER: MA		YPE OF LICEN	ISE:Packag	ge Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	R YOUR EMAIL	ADDRESS		<u> </u>
DESCRIPTION OF						
RECTANGLE RET DIVIDED BETWE OFFICE AND EMP	EN 800 SQ. FT. FO	OR RETAIL3				
I hereby certify and	swear under penalt	ies of perjury tha	at:			
1. the renev	wed license will be	of the same type	for the san	ne premises	now licensed;	
2. the licens	see has complied w	ith all laws of th	e Common	wealth relati	ing to taxes; and	
3. the prem	ises are now open f	or business (If n	ot explain	below)		
SIGNED BY	Individual, Partı	ner or Authorize	d Corporate	e Officer		
DATE:				EMPL (WED IDENTIFICA	TION NUMBER
DATE.	TELEPHO	ONE NUMBER:			OYER IDENTIFICATION $oldsymbol{\Gamma}$ Individual Social (
				`		, ,
Please Check Below:			I	LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			I	Зу:		
DISAPPROVED:						
(If disapproved expl	am)		-			
			-			
DATE:			-			